

<i>SERFF Tracking Number:</i>	<i>STAR-128303042</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starmount Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Universal2</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Universal2

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: STAR-128303042 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Belle Lucas, Natka

Disposition Date: 05/01/2012

Varisco, Ruston Woolley, Ronetta

Andrus

Date Submitted: 04/26/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/01/2012

State Status Changed: 05/01/2012

Deemer Date:

Created By: Ronetta Andrus

Submitted By: Ruston Woolley

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir/Madam:

We are pleased to file the above referenced application forms in Arkansas. This filing is a new filing and is being filed without an illustration.

The Universal Application is an additional application that will be used with previously approved life products.

The following lists the products used on the Universal Application and their approval dates:

Valuelife Gold (32-001) - approved 12-5-2008

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Starlife Gold (21-001) - approved 12-4-2006  
Selectlife (51-001) - approved 8-23-2006

A previous version of this application was approved on 11-03-2011 (STAR-127753216). Changes made to the application include:

- Revised wording of the medical questions.
- Format/Layout has been revised to include the spouse and main insured demographic information and medical questions all on one page.
- New agent replacement questions have been added to the application.
- New variable items have been added to the application and all items are fully described in the accompanying statement of variability.

These products will continue to be marketed through individual mailers or through other affinity marketing, such as associations and also through agents as standalone coverage to individuals at the workplace and through the internet. The Universal Application will be placed on our website upon approval.

Please contact me if you have any questions at 225-400-9247 or by email rustonb@starmountlife.com.

Sincerely,  
Ruston Woolley;  
Compliance Specialist

State Narrative:

## Company and Contact

### Filing Contact Information

Ruston Woolley, Compliance Specialist rustonb@starmountlife.com  
8485 Goodwood Blvd. 225-400-9247 [Phone]  
Baton Rouge, LA 70806-7878 225-610-1447 [FAX]

### Filing Company Information

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
7800 Office Park Boulevard	Group Code:	Company Type:
Baton Rouge, LA 70809	Group Name:	State ID Number:
(225) 926-2888 ext. [Phone]	FEIN Number: 72-0977315	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	04/26/2012	58580791

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/01/2012	05/01/2012

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<i>Product Name:</i>	<i>Universal2</i>		
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## Disposition

Disposition Date: 05/01/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Universal2		Yes

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## Form Schedule

Lead Form Number: UNVRSL2

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UNVRSL2	Application/ Universal2 Enrollment Form	Initial		43.100	UNVRSL2 RGN4.pdf

## RGN 4

[Accidental Death Rider Form No. 97005] [Accelerated Benefit Rider 98-010]



X \_\_\_\_\_ X \_\_\_\_\_  
Main Insured's Signature Date [Spouse's Signature (if to be insured) Date]

[**AGENT:** Does the proposed insured have an existing policy or contract, please sign below and list the policy or contract information as requested if you answer Yes. ☐ Yes ☐ No **Agent's (Producer) Signature:** \_\_\_\_\_ **Lic. No.:** \_\_\_\_\_  
Please list the name of the insurer, policy or contract number or application number, if you answered Yes above: \_\_\_\_\_]

**Agent:** Leave with the applicant the original or a copy of written or printed communications used for presentation to the applicant and submit a copy of the replacement notice with the application to the replacing insurer.]

[☐ Send me \_\_\_\_\_ more applications for friends and relatives.] (For Company Use) STAR I.D.: \_\_\_\_\_

UNVRSL2

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**EXCLUSIONS:** Exclusions may apply. Please see your policy for limitations and exclusions specific to your state.

**FRAUD STATEMENTS:**

**For residents of Arkansas and Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of Kansas:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

**For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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UNVRSL2

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification		
<b>Comments:</b>			
<b>Attachment:</b>			
UNVRSL2 RGN4 FLESCH.pdf			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	n/a - filing application, not policy		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Statement of Variability		
<b>Comments:</b>			
<b>Attachment:</b>			
UNVRSL2 StatementVariability.pdf			

## STARMOUNT LIFE INSURANCE COMPANY

### FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
UNVRSL2	1191	63	43	43.1

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild

R~!~!~!~!~!~!~!  
Q~!~!~!~!~!~!~!  
Q~!~!~!~!~!~!~!  
Q~!~!~!~!~!~!~!

Jeffrey G. Wild  
Chief Financial Officer  
Starmount Life Insurance Company

DATE: 4/25/2012

**UNIVERSAL APPLICATION FOR LIFE PRODUCTS  
DEFINITION OF VARIABLE TEXT**

Below please find the variable texts in this life product. There is no other variable information submitted with this filing.

The following information listed in brackets contains variable information:

**APPLICATION FORM –UNVRSL2**

**Heading and Form Numbers:**

Individual life products –Term Life (21-001), Level Premium Whole Life (51-001) and Modified Whole Life (32-001) are bracketed for use for offering a specific life product. Text will be removed when other life products are not being offered per marketing campaign.

Accidental Death Rider Form No. 97-005 and Accelerated Benefit Rider Form #98-010 ACC are bracketed for removal when various marketing campaigns will not offer these riders with this product. Text will either be included or excluded per marketing campaign.

The website is bracketed because it will change depending on the product being offered at the time. We have various URLs for each of our products.

**Insured's Demographic Information:**

Social Security Number is bracketed for various marketing campaigns in which this option may not be offered. Social Security Number will not appear on the application when the application is used on the internet.

**Policy Face Amounts:**

Amounts of insurance are bracketed for various marketing campaigns that will only offer certain amounts. Amounts not to be offered during campaign will be removed. The amounts may vary \$3,000 up to \$250,000 depending on which product will be offered.

**Payment Options:**

Payment methods are bracketed for various marketing campaigns in which certain payment options may not be offered.

**Questions:**

Information referring to an Agent is bracketed for removal when the application is used in a direct mail marketing campaign and not sold by individual agents.

**Spouse Application:**

Spouse Information section is bracketed for removal when marketing campaign is only for by one potential insured. All spousal information on application is bracketed for removal for this purpose. Text will either be included or excluded in its entirety per campaign.